UNIFORM INSURANCE CARD

<u>EXAMPLE</u>

REG 890A (REV. 5/97)

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CALIFORNIA EVIDENCE OF LIABILITY INSURANCE
DO NOT FOLD OR STAPLE – SUBMIT ORIGINAL TO DMV

This insurance complies with CVC §16056 or §16500.5 _____

SIGNATURE OF INSURANCE REPRESENTATIVE

NAME	VEHICLE IDENTIFICATION NUMBER (VIN)	MAKE	YEAR MODEL
John Eric Smith	9PH12345678901234	Ford	2003

POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	IINSURANCE COMPANY NAME
00123456789	03-01-2003	03-01-2003	Ensureall Insurance Company

IINSURANCE COMPANY STREET ADDRESS	CITY	STATE	ZIP CODE	NAIC NUMBER
24156 First Avenue	Sacramento	CA	96823-2312	12345

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    FR]12345]03012003]03012004]2003]FOR]17]9PH123456789012340000000000000]00000000]41
    A    B        C            D         E      F  G                    H                  I        J
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SCANLINE SPECIFICATIONS
- OCR Font A (OCRA) 10 characters per inch
- 1.2 centimeters (1/2 inch) from the bottom of the form
- 1.2 centimeters from the right edge
- 2.0 centimeters from the left edge
- Right justify and zero fill left

Scan line must include all the following information from left to right.

A	Mail Extaction code	2 positions – must be FR
B	NAIC Number	5 positions
C	Policy Effective Date	8 positions
D	Policy Expiration Date	8 positions
E	Vehicle Year Model	4 positions
F	Vehicle Make	3 positions – use first three digits of the make. If the vehicle make is less than three position, the remaining positions will be "9" (right fill)
G	Number of digits in VIN	2 positions – the number of positions that will be used for the vehicle identification number.
H	Full VIN	Up to 30 positions – right fill with "0" if less than 30 positions
I	Zeros	8 positions - fill with "0" (zeros)
J	Check Digit	<u>2 positions (Algorithm)</u>

Total positions   72 positions